". No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Chero | CERTIFICATE OF DEATH |
| | Registration Dist. No. 1 D |
| Village or City Some (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| January Color or Race 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I lest saw h 2 alive on 2 3, |
| 7 AGE If LESS then | and that death occured on the date stated above, at Jung .m. |
| /7 yrs. mos. ds.or min. | The CAUSE OF DEATH * was as follows: |
| occupation / wrs. mos. ds. or min.? | |
| (a) I rade, proféssion or particular kind of work | Charles of the little of the l |
| (b) General nature of industry | A. |
| business, or establishment in which employed or (employer) | (Duration) yra de. |
| 9 BIRTHPLACE (State or country) Olean Cr | Contributory Secondary Duration Lyre 6 mos de |
| 10 NAME OF Chew Brains | (Signed) M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of injury and (2) whether |
| 12 MAIDEN NAME allen Wexley | Accidental, Suicidal or Homleldal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or country) | ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) Thery Brusser | Former or usual residence |
| (Address) Assur My | Holy that Centy 1 - 6 -, 1934 |
| 15 1 43 70 0 8/ | 20 UNDERTAKER ADDRESS |

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescepation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, en at home, w cases, er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons Foremun, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material are engaged in the duties of the Salcsman. -Coal mine, etc. Wom-(6) Grecery;

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Septement (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Curcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles (disease Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (mcrely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," 10 ds. causing death), 29 ds.; Bronchopneumonia (secondary), "Exhaustion, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PJERPERAL septicuemia," "PUERCERAL perilonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," et "Swhen a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tetanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e. g., sepsis carbo ic acid -- probably suncide. accident; Revolver wound of head-homicide; Poisoned by approved by Examples: Accidental drowning; Struck by ruilway train-(Recommendations on statement of cause of death American Medical Association.) Never report mcre symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY Committee on Nomenclature of the The nature of the injury, Always qualify all

If this certificate is I oked over thoroughly and all questions answered in defail, it will prevent further correspondence. I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

2

16. BIRTHPLACE (city or town) ___. (State or country

18. BURIAL, CREMATION, OR REMOVAL

17. INFDRMANT (Address)

19. UNDERTAKER

(Address)

docar

state OCCUPA.

of infor

| STATE OF MARYLAND | CERTIFICATE OF DEATH 00360 |
|---|---|
| 1. PLACE OF DEATH County Malls | Registration Dist. No. / 🔿 |
| Village or City . Pomfuf md Length of residence In city or town where death occurred 15 yrs. 2. FULL NAME Elmaketh Dutte | No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| (a) Residence: No. (Usual place of abode) | Md St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the wor | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Curtanous Buller | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h; death is said |
| about of 1 lday, | - hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc | Anterio-selevases Duration: not |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and | no Physicin in |
| O To Date deceased last worked at this occupation (month end year) 11. Totel time (years) spant in this occupation coupation | Now the |
| 12. BIRTHPLACE (city or town) Charles Co 774' (Stete or country) | Other Centributory Causes of Importance: |
| | Samility |
| 13. NAME Henry Swann - 14. BIRTHPLACE (city or town) Chao Co hot (State or country) | Name of operation Date of |
| 15. MAIDEN NAME CONT CONT. 16. BIRTHPLACE (city or town) | What test confirmed diagnosis? |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |

...., 19.....; death is said portence Date of onset ___ Date of___ Was there an autopsy?_____ o the following: Accident, suicide, or homicide?______ Date of injury______ 19_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Wes disease or injury in any way related to occupation of deceesed? If so, specify

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| THE PART OF THE PA | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| PHYSI- | PLACE OF DEATH County Charles |
|---|--|
| KACTLY, classified ate. | Village or City Russelle (No. |
| 7 () | 2FULL NAME & amis wellia |
| stated E properly of certific | PERSONAL AND STATISTICAL PARTICULARS |
| uid te sta lay be pro back of | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) |
| houi it ma on b | & DATE OF BIRTH DIC.S. 1933 |
| hat ons | (Month) (Day) (Year) |
| so that | 7 AGE If LESS than |
| upplied. | yrs mos. 26 ds. or min. |
| Every Item of information should be carefully supplied CIANS should state CAUSE OF DEATH in plain terms statement of OCCUPATION is very important. See Instructions | SOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Charles Co Trad 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Charles Co Trad 12 MAIDEN NAME OF MOTHER (State or Country) Charles Corroll 13 BIRTHPLACE OF MOTHER (State or Country) Charles Co Trad 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Eofmuls Ruy (Address) Ruyssede Trad |
| m O ® | 15 / 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

| | | | 0636 |
|----------|-----|------|-------|
| STATE | OF | MARY | YLAND |
| CERTIFIC | CAT | E OF | DEATH |

Registration Dist. No. 19

| Purestede (No. | St: Ward) (If death occurred in |
|---|---|
| NAME James wellias | a hospital or institution, give its NAME instead of street and number.) |
| L AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Black Single, Single Wildowed, OR DIVORCED (Write the word) | 16 DATE OF DEATH 29, 1034. (Month) (Day) (Year) |
| Fies. 1933 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw h alive on , 192 , |
| If LESS than I dayhrs. | and that death occurred on the date stated above, at |
| yrs. mos. 26 ds. or min. | |
| ession or Wone | There was no physician in |
| ore of industry blishment in or (employer) | alterdance (Duration) yes mos 5 ds. |
| | Contributory Secondary |
| Charles co ma | (Duration) yrs mos ds. |
| James Jorsey | (Signed) UN Money Doneaste Md |
| Edutry) Charles come | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| Rose Carroll | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| Rountry Charles Co Und | At place of death yrs |
| TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| Folmes try | Former or usual residence. |
|) Reversede Ind | Oak Isone Md Jan 3/ 1934 |
| 29 1934 (V Thompson | Elmer kry frestedeled |
| If more banks are needed, addre.s State Kegistrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the laborer, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, House er," etc., without more precise specification as Doy worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationory fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation -- Precise statement of octired 6 yrs). Spinner, nature of the business or industry, and therefore an the first line will be sufficient, c. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken tion applies to each and every person, irrespective of Housemaid, etc. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) For persons who have no occupation (b) If the occupation has been changed Automobile factory. The material Salesman. (b) Grocery;

Statement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheriu (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, approved by icianus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a dcfinite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sorcoma, etc., of American Medical Association.) (Recommendations on statement of cause of taken. FOR VIOLENT DEATHS state NEANS OF INJULY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; "Heart failure," "Haemorrhage, Committee on Chronic etc. The contributory valvular heart Nomenclature of the diseose;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

| 1. PLACE OF DEATH County Charles | Registration Dist. No. |
|--|---|
| Village or City New La late | NoSt.,Ward |
| Length of residence in city of town where death occurredyrsmos. | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| | xweine |
| (a) Residence: No Ru Plata, Md (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Surgel | 21. DATE OF DEATH Con 7 b 1934 |
| 5a. If married, widowad, or divorced HUSBANO of | 22. I HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of | |
| 6. DATE OF BIRTH (month, day, and year) July 15 1933 | I last saw h alive on, 19; death is sald |
| 7. AGE Years Months Days If LESS than | to have occurrad on the date stated above, at |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows: |
| Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific profession). The securation of the security of the securation of the securatio | Rostro-enteritis. Saw child three weeks before no physician in death lugger |
| SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) | examined by No holan |
| 12. BIRTHPLACE (city or town) Challes Co (State or country) | Other Contributory Causes of importance: 3 pelles refue death |
| 13. NAME I homas Hawkins | Malnutrium |
| 13. NAME Jumas Hawkins 14. BIRTHPLACE (city or town) chao co my (State or country) | Name of operation |
| (State of Country) | What test confirmed diagnosis? Was there en autopsy? |
| 15. MAIDEN NAME May Beatries Journ 16. BIRTHPLACE (city or town) Chas Co (Stata or country) | 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Thomas Hawking (Address) La Plate md | (Specify city or town, county and State) Specify whether injury eccurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place newport Ind Date Jan 26, 1934 | Manner of injuryNature of injury |
| 19. UNDERTAKER Thomas Hamking father (Address) La Plata md | 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) A Alldan Poseur Reg. M. D. |
| 20. FILEO Tan Post | (Address) La Plate My - |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of dcath and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 doys ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| STATE OF | MARYLAND- | CERTIFICATE | OF DEATH |
|----------|-----------|-------------|----------|
| | | | |

| 1 : | 6 | of B | 0 | 7 |
|-----|-----|------|-----|-----|
| 11 | E E | 3 | Eh. | . 5 |
| V | U | U | U | 1 |

| 1. PLACE OF DEATH | , | | (22-2) | |
|--|---|---|---|--|
| County County | yy 1 | | Registra: | tion Dist. No. 124 |
| Village or City | 4-mer | | NoNo | |
| Length of residence in city or town | where death occurred | yrs,mos | ds. How long in U.S. if of foreign birth | ?yrsmosds |
| 2. FULL NAME | mes H | ill | | |
| (a) Residence: No. / Z | OT (Usual place | | St., Ward. | ident give city or town and State |
| PERSONAL AND STA | | | MEDICAL CERTIFICA | |
| 3. SEX 4. COLOR OR RAC | CE 5. SINGLE, MA | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH | - 26 - 193 4 |
| 5a. If married, widowed, or divorced | | | (Mgnth) | (Uay) (Yea//) |
| HUSBAND of (or) WIFE of | Hur | | 22. HEREBY CERT 1 - 2 7 - 1934, to | IFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, end year) | 1877 | mhousen | I last saw h afive on | 019.5 4; death is said |
| 7. AGE Years Mon | ths Days | If LESS than 1 day,hrs. ormin, | to have occurred on the date stated above, et The PRINCIPAL CAUSE OF DEATH and related were as follows: | causes of importance |
| 8. Trade, profession, or particular | - | ; 01 | were as ronows. | Date of onset |
| kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc | ar, tarm | ساساس | Extenden | |
| kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Date deceased last worked at this securation (month and | , | | | |
| Date deceased last worked at this occupation (month end year) | 11. Total | time (yeers) ent in this cupation | | |
| 12. BIRTHPLACE (city or town) | m | | Other Contributory Causes of Importance: | Trestin |
| (State or country) | Thill | | of remaining | |
| 13. NAME 14. BIRTHPLACE (city or town) | and | | Name of operation | Date of |
| (State or country) | | | What test confirmed diagnosis? | • |
| 监 15. MAIOEN NAME | n Len | maz | 23. If death was due to external causes (VIOLENC | |
| 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) | mil | | Accident, suicide, or homicide? | Date of injury, 19 |
| ≤ (State or country) | ,,,,, | | Where did Injury occur? | |
| 17. INFORMANT (Address) | of the | ie c | Specify whether injury occurred in INDUSTRY, i | ity or town, county and State) in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | inst. Date 1 = | 22 1936 | Manner of injury | |
| IN | 11-00 |) | Nature of injury | |
| 19. UNDERTAKER (Address) | el ala | 20 | 24. Was disease or injury in any way related to o | ccupation of deceased? |
| 20. FILED 1 - 24 1934 | 8 M. M | unden | (Signed) | yeling M. D |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Registrar. | (Address) | many |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | 1 | |

V. S. No. 1

| 1. PLACE OF DEATH | CERTIFICATE OF DEATH 00364 |
|---|---|
| County Charles | Registration Dist. No. |
| 10 4 4 -0 | No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Langth of residence in city or town where death occurredyrsmos | sds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME JOHN A (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) | 21. DATE OF DEATH / - / 6 - , 193 3 4 (Month) (Dev) (Year) |
| 5a. If merried, widowed, or divorced HUSBAND of | , |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attanded decaesed from |
| 6. DATE OF BIRTH (month, day, and year) / 2 -/ 0 - 3 3 | I last saw h alive on, 19, 19; daath is said |
| 7. AGE Yaars Months Deys If LESS than 1 day,hrs. | to heve occurred on the data stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Convilsion - All A |
| 9. Industry or businass in which Work was done, as SILK MILL, SAW MILL BANK of | Conget, profth from |
| 10. Date deceased lest worked at this occupation (month and yeer) spant in this occupation | from mills |
| 12. BIRTHPLACE (city or town) (State or country) | Othar Contributory Causes of importance: |
| | |
| 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) | Name of operation |
| | What test confirmed diagnosis? |
| = 10 | 23. If daeth wes due to axternel causes (VIOL ENCE) fill in also the following: |
| Stete or country) | Accidant, suicida, or homicide? |
| 17. INFORMANT Julia Hull | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Mannar of Injury |
| Plece Prespecta Date (-/3-,134 | Natura of injury |
| 19. UNDERTAKER PARTON HILL (Addrass) | 24. Was disaasa or injury in any way ralated to occupation of decaasad? |
| 20. FILED 1 - 18 -, 19.34 P. 4- Hends Refistrar. | (Signed) R. R. Han then M. D. (Address) Manarela |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis Fib . 1501 | 1915 | Attack of epilepsy | 1 week ago |
| Croshed homography BUREAU V. S. | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU V. S. | July 5,1927 | Peritonitis . | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

WRITE PLAINLY,

V. S. No. 1

| | PLACE O | | | STATE OF | MARYLAND |
|-----|--|---|---|---|---|
| | County 66 | cules | (0) | CERTIFICATE | OF DEATH |
| | | | (119) | Registration | Dist. No. 108 |
| | | 1 1 :- | | | |
| ė | Village or City ? | ougherable (No. | | St.: Ward | |
| Sat | | mist and | senler- | | tion, give its NAME In stead of street and |
| Ě | 2FULL | NAME ///www.C/Q | ee ee | ······································ | number.) |
| 000 | PERSONAL | L AND STATISTICAL PARTICULARS | N | MEDICAL CERTIFICATE | OF DEATH |
| 0 | 3 SEX 4 | COLOR OR RACE SINGLE. | 16 DATE OF D | DEATH | 3// |
| S C | 2000 | while Widowed. Mac OR DIVORCED (Write the word) | and | | , 1934 |
| Da | | (Write the word) | | (Month) | (Day) / 1 J/(Year) |
| 0 | 6 DATE OF BIRTH | 1 | 11 . | HEREBY CERTIFY, That I att | |
| 9 | *** | June 5- , 18 | 0 / / | 1934.10 14 | |
| 9 | | | Year) that I last saw | v h calive on | |
| n | 7 AGE | | | h occurred on the date atated | above, at / Q Q_m |
| S | 7 | 9 yrs. 7 mos. 12 ds. or | | F DEATH * was as follows: | |
| = / | B OCCUPATION | | - 7 | 7 | |
| 900 | (a) Trade, profes | f work farmer | | - Gas Price | morea |
| | (b) General natur | | *************************************** | | 11,70 env oce es con con con caracter and a construction and a construction |
| an | husiness or estab | dishment in | | (Durstion) | yrs. mos 7 ds |
| 110 | | or (employer) Managus Lob | Contributor | y Exposen | ento cold luc |
| 2 | 9 BIRTHPLACE (State or country | y) Neghenean | Secondary | , , | 0 · to |
| - | I 10 NAME OF | Chirles 2mg | was Jound 1 | n a state (pursion) prese, | mgr nos de |
| 9 | FATHER | 76 - 21 - 1 - | (Signed) | any 6. Chap | pilese M. D |
| מס | () II BIRTHPLACE | E COS MONITOR | - Jan 17 | 7. 1934 (Address) Zam | houselle my |
| 2 | OF FATHER Z (State or con | 108 1 . 30. 4 | *State | the Disease Causing Death, uses, state (1) Means of In Suicidal or Homicidal. | or, in deaths from |
| 2 | 12 MAIDEN NA | | Accidental, S | suicidal or Homicidal. | ijury and (2) whether |
| 1 | OF MOTHER | mary Odd | | OF RESIDENCE (For Hospi | tals, Institutions, Trans |
| | 13 BIRTHPLAC | | | cent Residents) In the | |
| | OF MOTHER (State or Cou | | | sds. Stat | teds |
| | 14 THE ABOVE IS T | RUE TO THE BEST OF MY KNOWLEDGE | Where was dises | of death? | * - * - * 0 * 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| | | 2 - 6. | Former or usual residence | | |
| | (Informant) | marter Jamon | | BURIAL OR REMOVAL | DATE OF BURIAL |
| | (Address | mark De. | (LA A) | SA A C. | 00 100 00 |
| 3 | The state of the s | 2 61 | oca te | eld centery | ADDRESS |
| | 15 Filed //19 | 134 192 and Theppelian | 20 UNDERTAL |) | VADDRESS |
| 7 | | Regis | 3 11 | factor | day knowler by |
| 1 | 1 | If more branks are needed, address State R | egistrar, 16 W. Saratog | St., Balto., Requesting V. | S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The materia For many occupations a single word or term of Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Grocery

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as (Recommendations on statement of cause of (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The nature of the injury, can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory valvular heart Always qualify all Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Oate of onset

to have occurred on the data stated above, at Tier C. m. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| - IMPARIDEAU V. S. | 1 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR . | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-------|---------|------------|----|-----------|
| | | | | | | |

V. S. No. 1

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| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | 130 |
| County Charles | Registration_Dist. No. 106 |
| Village or City Sudean Head | ND. Mauss Ove St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred // yrs, / mos. | |
| 2. FULL NAME Trilliam Michi | rel Kelly |
| (a) Residence: No. Straus ave, (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the world) Market Color or RACE OR DIVORCED (write the world) | 21. DATE OF DEATH Aucuary 22 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of Mary History Kelly | 22. HEREBY CERTIFY, That I attended deceased from |
| Agust 7, 1866 | 1932 to Jan 22 1934 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days 27 If LESS than | to have occurred on the date stated above, at 9.30 km. |
| 67 711/6/4 /757 1 day, - hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | andio-vascular-rend |
| SAWYER, BUDKREEPER, etc. | disease 1925 |
| work was done, as SILK MILL, was a Powder Gactory 10. Date decessed last worked at this occupation (month and this occupation (month and this occupation). | |
| this occupation (month and 7/934 spent in this years) | |
| 12. BIRTHPLACE (city or town) Davenfort, Lowa (State or country) | Other Contributory Causes of importance. Chronic alcoholiani |
| | |
| 14. BIRTHPLACE (city or rown) No information | Name of operation Date of |
| (State or country) | Whet test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME No information | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME NO information 16. BIRTHPLACE (city or town) No information | Accident, suicide, or homicide? |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Gary Head of Kelly (unfe | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OBREMOVAL | Manner of injury |
| Place Apple Of Manager Jane 1921 | Nature of injury |
| 19. UNDERTAKER ALLOW (Address) | 24. Was diseese or injury in any wey related to occupation of deceased? |
| 20. FILED Jos. 23, 1934 Fr. E. Dunnengton | (Signed) (Address) Sudian Head Mal |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | - Indiana | Example II | |
|--|---------------|--|---------------|
| The principal cause of death-and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attock of epilepsy | 1 week ogo |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| DUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE FO | R FURTHER | STATEMENT | S BY | PHYSICIAN |
|------------------|----------------|------------------------------------|--|-------------|---------------------------|
| ATT TOTAL COLUMN | TO 1 THE PARTY | No. 2015 Chi mini L. Alba Martina. | OF STREET STREET, STRE | 100 to 27 A | OF OLD AND THE ADDRESS OF |

DATE OF BIRTH AND AGE OF DECEASED CORRECTED IN ACCORDANCE WITH LETTER FILED February 8, 1934 under Dr. LaFavre.-L.

of OCCUPA-

See instructions on back of certificate.

TION is very important.

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| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | 3 |
| County Charles | Registration Dist. No. |
| Village or City hat Justine | No. St. Ward |
| Length of residence in city or town where death occurredyrs,mos | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?msmsds. |
| 2. FULL NAME Still from Il | |
| (a) Residence: No. Intuition | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) / - 24 - 34 | I last saw h alive on, 19; death is sald |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated abova, at |
| 1 day,hrs, ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, | unterson |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc | |
| 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Data deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) (Stata or country) | Other Contributory Causes of importance: |
| 13. NAME Lotus Lallen | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of Date |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Elya Bell | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 |
| ≥ (State or country) | Whera did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT Education Statement (Address) | Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place The Date Jan 19.7 | Nature of injury |
| 19. UNDERTAKER | 24. Was diseasa or Injury in any way related to occupation of deceased? |
| (Address) | If so, specify |
| 20. FILED GASA VS , 1974 F. L. Registrar. | (Signed) M. D. (Address) Manager M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage FEB 5 1934 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

m

19. UNDERTAKER

(Address)

infor-

OCCUPApluods

| 1. PLACE OF DEATH | |
|--|---|
| County Charles | Registration Dist. No. 106 |
| M D WILL | No. Standa Que; St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U. S. If of foreign birth? yrs mos ds |
| (a) Residence: No. Shauss Que (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Normale 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 6669 WHE-61 | 21. DATE OF DEATH (Menth) (Day) 193 4 (Year) 22. 1 HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BERTH (month, day, and year) Mar. 31, 1863 7. AGE Years Months Oays If LESS than 1 day, — h | i last saw h www alive on gave 20, 1934; death is said to have occurred on the date stated above, at 2:10 pm. |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) | Cardio-Vascular rens 1914 |
| this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country) | Other Contributory Causes of importance: |
| 13. NAME Valentine Malles 14. BIRTHPLACE (city or town) Sersulary (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an aulopsy? MA |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) | 23. If death was due to external causes (VIOLENCE) filt in also the following: Accident, suicide, or homicide? |
| 18. BURTAL, CREMATION, OR REMOVAL | Manner of injury |

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | li | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitud nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| BUPEAU V. S | | | |
| Other contributory causes of importance: | 1 1 1 1 1 1 1 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

of OCCUPA.

V. S. No. 1 8 See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

| (If death occurred in a hospital or imitiation, give its NAME instead of street and number) 2. FULL NAME (a) Residence No (Lous piace of abode) 3. SEX 4. COLOR OR RACE OR DIVORCED (swritch word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swritch word) 6. DATE OF BIRTH (month, day, end year) 7. ACE Yeers Months Deys If LESS than 1. day, | 1. PLACE OF DEATH | (131) |
|--|--|---|
| Length of secidence in city of fown where death occurred. 2. FULL NAME (a) Residence No. (Lous place of abode) (Count place of abode) 3. SEX 4. COLOR OR RACE OR DIVORCED Comic the word) 5. If married, widowed, or divorced (HUSAND or of work does as SINNINR, SAWYER, BOOKKEPER, etc. 1. SAWYER, BOOKKEPER, etc. 2. BITHELACE (city or town). 2. BIRTHPLACE (city or town). 2. BIRTHPLACE (city or town). 2. BIRTHPLACE (city or town). 3. SINNINE ANAME 1. In Malben NAME 1. In Malben NAME 1. In Malben NAME 1. In Malben NAME 2. In Malben NAME 2. In Malben NAME 2. In Malben NAME 3. Sex of the second of the date shared show, etc. 3. Sinning the second of the date shared show, etc. 4. COLOR OR RACE OR DIVORCED Comic the word) 1. In the second of the date shared show, etc. 1. In the second of the date shared show, etc. 2. In the REBY CERTIFY. That I attended deceased the shared show, etc. 2. In the REBY CERTIFY. That I attended deceased the shared show, etc. 3. Sinning the second of the date shared show, etc. 2. In the REBY CERTIFY. That I attended deceased the shared show, etc. 3. Sinning the second of the date shared show, etc. 4. COLOR OR RACE 2. In the REBY CERTIFY. That I attended deceased the shared show, etc. 3. Sinning the second of the date shared show, etc. 4. COLOR OR RACE 1. In the REBY CERTIFY. That I attended deceased the shared show, etc. 1. In the REBY CERTIFY. That I attended deceased the shared show, etc. 2. If the REBY CERTIFY. That I attended deceased the shared show, etc. 3. Sinning the second of the date shared show, etc. 4. COLOR OR RACE 2. In the REBY CERTIFY. That I attended deceased the shared sha | county | Registration Dist. No. 1000 |
| Length of sealdence in city of gym where death occurred. 2. FULL NAME (a) Residence No. (Loss piece of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. S. INGE, MARRIED, WIDOWED OR DIVORCED Carrier the word 5. DATE OF BIRTH (month, day, end year) 6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months 1 day, hrs. 1 day, hrs. 1 day, hrs. 1 day, hrs. 1 day h | Village or City La Poala | No. St., Ward |
| 2. FULL NAME (a) Residence No. (Usualplace of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (which the word) 5. If married, widowed, or divorced HUSAND or (word) (Wonth) (Wonth) (Dey) (Yes 2. If HERE BY CERTIFY, That I attended deceased (HUSAND or (word)) (Wonth) (Pey) (Yes 2. If HERE BY CERTIFY, That I attended deceased (Wonth) (Yes) 1. Just saw hours concerted on the deseased shelp-blove, et. 2 | | |
| (a) Residence No. Classification of abody PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED (carrie the word) OR DIVORCED (carrie the word) S. If married, widowed, or divorced HISSAND or done, as SPINNER, Jordan or work done, as SPINNER, SAVER, BOOKEEPER, etc. J. Batt asw h. aliva on. J. J | | |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRID, WIDOWED, OR DIVORCED (write the word) 6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Deys 1/1 LESS than 1/2 Day 1/2 LIBRTHPLACE (city or town) Cyspation 2/2 LI HEREBY CERTIFY, That I attended deceased 1/3 Day 1/4 LIBRTHPLACE (city or town) Cyspation 2/2 LIBRTHPLACE (city or town) Cyspation 1/3 LIBRTHPLACE (city or town) Cystato or country) 1/4 BIRTHPLACE (city or town) Cystato or country) 1/5 BIRTHPLACE (city or town) Cystato or country) 1/7 INFORMANT 1/8 DENTAL AND STATISTICAL PARTICULAR 1/4 BIRTHPLACE (city or town) Cyspation 1/4 BIRTHPLACE (city or town) Cyspation 1/4 BIRTHPLACE (city or town) Cyspation 1/5 BIRTHPLACE (city or town) Cystato or country) 1/7 INFORMANT 1/8 DENTAL AND STATISTICAL PARTICULAR 1/4 BIRTHPLACE (city or town) Cyspation 1/4 BIRTHPLACE (city or town) Cyspation 1/5 BIRTHPLACE (city or town) Cyspation 1/6 BIRTHPLACE (city or town) Cyspation 1/7 INFORMANT 1/8 BIRTHPLACE (city or town) Cyspation 1/8 BIRTH | 2. FULL NAME / Traule lie Please | ou . |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED | (a) Residence. No. | & · St., Ward. |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (winter the word) So. If married, widowed, or divorced HUSBAND or Or WIFE of South HUSBAND or Or WIFE or | (Usual place of abode) | If nonresident give city or town and State |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WIFE of START OF BIRTH (month, day, end year) Country State or country) 5a. DATE OF BIRTH (month, day, end year) Country State or country) 5b. DATE OF BIRTH (month, day, end year) Country State or country) 5c. DATE OF BIRTH (month, day, end year) Country State or country) 5a. DATE OF BIRTH (month, day, end year) Country State or country) 5b. DATE OF BIRTH (month, day, end year) Country State or country) 5c. DATE OF BIRTH (month, day, end year) Country State or country) 5c. DATE OF BIRTH (month, day, end year) Country State or country) 5c. DATE OF BIRTH (month, day, end year) Country State or country) 5c. DATE OF BIRTH (month, day, end year) Country State or country) 5c. DATE OF BIRTH (month, day, end year) Country State or country) 5c. DATE OF BIRTH (month, day, end year) Country State or country) 5c. DATE OF BIRTH (month, day, end year) Country State or country) 5c. DATE OF BIRTH (month, day, end year) Country State or country) 5c. DATE OF BIRTH (month, day, end year) Country State or country) 5c. DATE OF BIRTH (month, day, end year) Country State or country State or country State or country) 5c. DATE OF BIRTH (month, day, end year) Country State or country State or country State or country) 5c. DATE OF BIRTH (month, day, end year) Country State or c | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| HUSBAND of (or) WIFE of Country) S. DATE OF BIRTH (month, day, end year) Country Not a live on 193, to 194. 1. AGE Yeers Months Deys If LESS than 1 day, hrs. or min. 1. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows: Date of WIFE BOX KEPER etc. 1. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows: Date of WIFE BOX KEPER etc. 1. Date of WIFE BOX KEPER etc. 2. Date of WIFE BOX K | wale One O OR DIVORCED (write the word) | January 10 1934 |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Deys If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows: Date of work dence, as SPINNER, SAWYER, BOOKKEEPER, etc. Undustry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 10. Deta decessed lest worked at this occupation (month and years) spant in this occupation (Steta or country) 12. BIRTHPLACE (city or town) (Steta or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury | HUSBAND of -P | |
| 7. AGE Yeers Months Deys If LESS than I day, | 00 | |
| The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows: | 6. DATE OF BIRTH (month, day, end year) | |
| B, Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. Undustry or business in which work wes done, as SILK MILL, SAW MILL, SAW MILL, SAW MILL, BANK, etc. 10, Deta decessed lest worked at this occupation (month and yeer) 12. BIRTHPLACE (city or town) (Steta or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL PROFESSIONAL SPENDS AND | | |
| kind of work done, as SPINNER, AAVYER, BOOKKEPPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Deta decessed lest worked at this occupation (month and yeer) 12. BIRTHPLACE (city or town) (Steta or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL PLACE (Address) Menner of Injury | | I THE I KINCH AL CAUSE OF DEATH and related causes of importance |
| Other Coutributory Causes of importence: 12. BIRTHPLACE (city or town) (Steta or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Page ACAN Of ACAN OF TRANSPORT AND ACAD OF TRANSPORT AND ACAN OF TRANSPORT AND ACAN OF TRANSPORT AND ACAD OF TRANSPORT AND ACAN OF TRANSPORT AND ACAD OF TRANSPOR | kind of work done, as SPINNER, | Ocule Ungrandial |
| Other Coutributory Causes of importence: 12. BIRTHPLACE (city or town) (Steta or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Page ACAN Of ACAN OF TRANSPORT AND ACAD OF TRANSPORT AND ACAN OF TRANSPORT AND ACAN OF TRANSPORT AND ACAD OF TRANSPORT AND ACAN OF TRANSPORT AND ACAD OF TRANSPOR | Andustry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. | decompounding Inos |
| Other Country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Deta of Country Other Country Causes of importence: Other Causes of importance: Other Causes of importance: Other Causes of importance: | 11. Totel time (years) spant in this occupation (month and year) | |
| (Steta or country) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 20. U.d. 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation What test confirmed diegnosis? Was there an autopsy? 23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occur? Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Menner of Injury Menner of Injury Menner of Injury | Was a state of the | Other Coutributory Causes of importence: |
| 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. March Place 19. Control 10. Dete of What test confirmed diegnosis? Was there an autopsy? 23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Menner of Injury Menner of Injury Menner of Injury | 12. DIKTHFLACE (City of town) | Almoria hurrestales |
| What test confirmed diegnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? Was there an autopsy? 23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Deta of injury, 19. Where did Injury occur? (Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was there an autopsy? Mas there an autopsy? Merre did Injury occur? Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | |
| What test confirmed diegnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? Was there an autopsy? 23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Deta of injury, 19. Where did Injury occur? (Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was there an autopsy? Mas there an autopsy? Merre did Injury occur? Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | T IS. HAME | Come asparas |
| 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Action in industry Menner of Injury | 4 14. BIRTHPLACE (city or town). Cuta to . Cuta | Name of operation Dete of |
| Where did Injury occur? (Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Safare (Industry Place) Menner of Injury | | What test confirmed diegnosis? Was there an autopsy? Was there are autopsy? |
| Where did Injury occur? (Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Safare (Heart Pote Safare (Hea | # 15. MAIDEN NAME CARBOLICE WESTER | |
| Where did Injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place S Address Page S Addres | | |
| 17. INFORMANT Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Sadare (Heart Posts Salar 1 is 34) | Cotate or country) | |
| Dian Sarrio / Heast por Care 11 in 34 | 770 | |
| Nature of Injury | 18. BURIAL, CREMATION, OR REMOVAL Place Sacrey Heart Dete Jan / 1 4, 1934 | Menner of Injury |
| 19. UNDERTAKER. Juny Q. Perm 24. Was diseese or injury in any wey releted to occupation of deceesed? | | 24. Was disease or injury in any wey reletad to occupation of deceased? |
| (Address) 20. FILED Jan 11, 1934 Allian V Pose, (Signed) (Signed) (Address) La Clara Und. | 20, FILED Jan 1/1934 Pillian V Posey | (Signed) dues When M. I |

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | 15.00 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | * | , |

V. S. No. 1

| PLACE OF DEATH | STATE OF MAR |
|--|--|
| County Charles | GERTIFICATE OF |
| | Registration Dist. 1 |
| Village or City Houghes bress (No. | St: Ward) (If a he tion, |
| 2FULL NAME Mary Seize anno | 2 Montgomery steamen |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DI |
| France While (Write the word) | 16 DATE OF DEATH |
| 6 DATE OF BIRTH May 8 (Month) (Day) (Year) | (Month) (Da 17 I HEREBY CERTIFY, That I attended 1974: to 1 cm |
| 7 AGE If LESS that I day hre or min. | and that death occurred on the date stated above. The CAUSE OF DEATH * was as follows: |
| 9 BIRTHPLACE (State or country) Charles (State or country) | Contributory Coursion Lyse (Durstion) |
| o 11 BIRTHPLACE | (Signed) Hay be thought |
| (State or country) Chan las Zung | |
| T 12 MAIDEN NAME | *State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury a Accidental, Suicidal or Homicidal. |
| of MOTHER Rose Oliver 13 BIRTHPLACE | *State the Disease Causing Death, or, Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, I ients or Recent Residents) At place In the |
| OF MOTHER Rose Oliver 13 BIRTHPLACE OF MOTHER (State or Country) Color to ned | *State the Disease Causing Death, or, Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, I ients or Recent Residents) At place In the State |
| OF MOTHER Rose Oliver 13 BIRTHPLACE OF MOTHER (State or Country) Color to ned | *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, I ients or Recent Residents) At place In the State |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Colum Low Ying 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, I ients or Recent Residents) At place of death |
| OF MOTHER Corie Olives 13 BIRTHPLACE OF MOTHER (State or Country) Color Low May 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Audited Montgomery The Above May | *State the Disease Causing Violent Causes, state (1) Means of Injury a Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, I ients or Recent Residents) At place of death |

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. / 8

| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | St: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.) |
|---|---|
| - | MEDICAL CERTIFICATE OF DEATH |
| | 16 DATE OF DEATH |
| | , 192 |
| | Lcu (Month) 19 (Day) 1934 (Year) |
| | 17 I HEREBY CERTIFY, That I attended the deceased from |
| | that I last saw h alivo on Italy 195 4 |
| | and that death occurred on the date stated above, at |
| | The CAUSE OF DEATH * was as follows: |
| | acula- dilotim Heart- |
| | *************************************** |
| | · |
| | (Durstion) yrs. rgos / ds. |
| | Contributory Valuelle Lesin |
| | Secondary |
| | (Durstion) yrs 6 mos de. |
| | (Signed) Housey to Chappelin M. D. |
| | Jan 10 1924 (Address) Houghes will my |
| - | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| | ients or Recent Residents) |
| | At place of deathyrsmosds. In the Stateyrsmosds. |
| | Where was disesse contracted, if not at place of death? |
| | Former or usual residence |
| 1 | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | Bryacelose Center Jan 22, 1934 |
| | 20 UNDERTAKER ADDRESS |
| ı | G.R. Jacon Machaniemble Ma |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cools, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Recommendations on statement of cause of American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart The contributory Always qualify all disease;

"If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

should state

| | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | 3 |
| County Charles | Registration Dist. No. / 0 |
| Village or City Marbury | NoSt, Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? |
| 2. FULL NAME Still beth mon | Transition |
| (a) Residence; No. | St. St. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of | 21. DATE OF DEATH (Month) (Day) 193 (Year) |
| (or) WIFE of | 22. I HEŘEBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Jan, 13, 1934 | I last saw h alive on |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| tour down or min. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trade profession or particular | worm dend at 500 Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | cause of death unknown |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Trophysician in |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation 11. Total time (years) spant in this occupation | allesteenee |
| | Other Centributery Causes of importance: |
| 12. BIRTHPLACE (city or town) CMCMS (S) (State or country) | |
| | |
| 13. NAME James montgomery 14. BIRTHPLACE (city or town). Charles Cu. | |
| 4 14. BIRTHPLACE (city or town) Challes () (State or country) | Name of operation Date of |
| | What test confirmed diagnosis? Was there an autopsy? |
| E CONTROLL | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| O 16. BIRTHPLACE (city or town) ((State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT and markey montgomen | Where did Injury occur?(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OF REMOVAL | Manner of injury |
| Place Markey, hist. Date Jun, 13, 1934 | Nature of injury |
| 19. UNDERTAKER CAMES MUNICIPALITY (Address) Marshard | 24. Was disease or injury in any way related to occupation of deceased? forcal grays. |
| 20. FILED Jan 13, 1934 mary Switchers | (Signed) Mrs Mary Southlefund (Address) Markeyers mal |
| | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | i i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEAT should County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. statement RECORD. (a) Residence: No. Ward. Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Oav) BINDING 5a. If married, widowad, or divorcad HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE properl Months Days If LESS than FOR 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. wara as follows: Trade, profassion, or particular NO RESERVED kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. CUPATI may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, atc ... 10. Oate deceasad last worked at 11. Total time (years) this occupation (month and spent in this that occupation ... instructions Othar Contributory Causes of importance: ARGIN 12. BIRTHPLACE (city or town) (Stata or country) supplied. terms. FATHER See 14. BIRTHPLACE (city or town) Name of operation... Date of plain (Stata or country) carefully What tast confirmed diagnosis? ----- Was thara an autopsy?... MOTHER important. in 23. If daath was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?______ Oate of injury______ 19 DEATH 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT OF (Addrass) 18. BURIAL CREMATION, OR REMOVAL Mannar of Injury CAUSE LION 24. Was disease or injury in any way related to occupation of dacaasad? 19. UNOERTAKER (Addrass) so, specify Registrar. (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

: death is said

Oate of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | 3.7 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Figures | | • | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

TION is very important. See instructions on back of certificate.

of Decupa.

| STATE OF | MARYL | AND-CERT | IFICATE | OF | DEATH |
|----------|-------|----------|---------|----|-------|
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| 1. PLACE OF DEATH | | 00013 | |
|---|---|--|----------|
| County Charles | | Registration Dist. No. / 00 | |
| Village or City Bel alton, | md. | Np. St. V | Ward |
| Length of residence in city or town where deat | | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S., if of foreign birth? yrs. mos. | de |
| - / | Erthur Pilman | Tame on veleron Benear Poten | us. |
| | must I aman | arthur Pittmore | |
| (a) Residence: No. | (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICA | AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | TO SERVI |
| 3. SEX 4. COLOR OR RACE 5. | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single | 21. DATE OF DEATH (Month) (Pay) (Yeer | |
| 5a. If married, widowed, or divorced HUSBAND of | | | |
| (or) WIFE of | | 22. I HEREBY CERTIFY, Thet I attended decessed | |
| 6. DATE OF BIRTH (month, day, end year) Cung | 16 1893 | | |
| 7. AGE Years Months | Days II LESS then | to have occurred on the dete stated above, at 4, 20.9m. | |
| 40 5 | 3 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were es follows: | |
| Industry or business in which work wes done, as SILK MILL, A Ox | inter se | Bushin of Juny by | onset |
| 12. BIRTHPLACE (city or town) South ampar (State or country) | 11. Total time (years) spent in this occupetion / 2 to Co. Va. | Other Contributory Causes of Importence: | |
| I 0 - 1 | +0 | | |
| 14. BIRTHPLACE (city or town) Southamp (State or country) | uton Co. Va. | Neme of operation | |
| 15. MAIDEN NAME Mary Lucile 14 | tundley | Whet test confirmed diagnosis? Wes there an eulopsy? 23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following: | |
| 15. MAIDEN NAME Mary Luile 14 16. BIRTHPLACE (city or town) Southbar (Stete er country) | aptor Cl. Va. | Accident, suicide, or homicide? LeCodord. Dete of injury 19, 193 Where did injury occur? Bel allow Charles Charles | 74. |
| 17. INFORMANT of M Pitter | ran | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Per Slata Lund from Aug. Autom to Charles Pare | ir |
| 18. BURIAL, CREMATION, OR REMOVAL Ceteral Piece Blandford Cenetry | | Menner of injury Production of Irange Crushel by ands | |
| 19. UNDERTAKER Hunt and Payon (Address) Walderf. Add. | 41 / | 24. Was disease of thirty in any was related to occupation of decreased the Darks (Signed) | ~ . |
| 20. FILED Jan 19 , 1934 M. L.S. | Fray den . D. S. Registrar. (| Corres (Address) By acine Red | 7 |

V. S. No. 1 B ż

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| stones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| B | de | - | 8 | | |
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| | PLACE County | OF DEAT | H | | |
|---------|--|---|-------------|---|------------------|
| | lage or City | | kuni | LANO. | , been |
| | ²FUL | L NAME | Con | m G | 21 |
| | PERSON | AL AND | STATISTIC | AL PARTIC | ULARS |
| 3 5 | EX | 4 COLOR | OR RACE 5 | SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the wor | D |
| 6 [| ATE OF BIRT | тн | | | |
| | | und | (Month) | (Day) | , 188 (Yea |
| 7 4 | GE | 5 3 of | m | os. | If LESS to I day |
| (I) b | a) Trade, pro articular kind b) General na usiness, or es hich employed BIRTHPLACE (State or cou | d of work 7 sture of ind stablishment ed or (emplo | ustry in | 1 | |
| PARENTS | 12 MAIDEN OF MOTH | Male ACE ER country) NAME ER (| tu # | ill d. | |
| 14 | OF MOTH (State or | ER country) | THE BEST | OF MY KNOW | LEDGE |
| | (Informant) | y- | Ling | mer | lle |
| 15 | Filed / | 22-19 | 04 7 | P. A. | ydor |

If more banks are needed, addrose tate Registr

(50)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital ar institu-tion, give ite NAME in-stead of street and number.)

| 310 | tien, give ite NAME instead of street and number.) |
|----------------------------------|--|
| LARS | MEDICAL CERTIFICATE OF DEATH |
| remm | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY That I attended the deceased from |
| ., 1.881 | that I last saw h Lalive on -2-1- 1984 |
| If LESS than I day hrs. or min.? | The CAUSE OF DEATH * was as follows: |
| | Canan Storyach |
| | Contributory Secondary (Duration) yrs de, |
| | (Signed) P. A. H. M. D. 1 2 2 1975 4(Address) M. D. |
| | *State the Disease Causing Death, or, in deathe from Violent Caus. s, state (!) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| | 18 LENGTH OF RESIDENCE (For Biospitals, Institutions, Trans- ients or Recent Residents) |
| | At place of death yre mos de. State yrs mos de. |
| EDGE | if not at place of death? Former or usual residence. |
| ll | Holy Hentley 1 - 24. 19 6. |
| Registroi | 20 UNBERTAKER LANDY BUR alton |
| tata Registrar | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

7. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesequation is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, en at home, with are engaged in the duties of the er," etr., (0) tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only and paid Housekeepers who receive a Ne er return 'Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material Solesman, (6) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the DISed term for the same disease. E.:amples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebropucumonia, Bronchopneumonia ("Pneumonia

> inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; "PJERPERAL septicaemia," "TUERFERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," "Senile," etc.); "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage,") Chronic interstitiol nephritis, telanus may he stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) Never report mere symptoms or terminal conoi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomenclature of the Chronic etc. valuular The contributory heart disease;

dary is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is 1 oked over thoroughly and a l qu tions

permanently filed.

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| AINLY, | WITH | UNFADI | NG IN | K-TF | IIS | IS A PE | AINLY, WITH UNFADING INK-THIS IS A PERMANENT REC | REC |
| d be car | refully | supplied. | AGE S | plnoy | pe | stated E | d be carefully supplied. AGE should be stated EXACTLY. P. | . P |
| DEATH | in plai | n terms, so | that it | may | pe | properly | DEATH in plain terms, so that it may be properly classified. Exact | Exact |
| | D + | the state of the s | - | 1. | 3 | 7-7-7-7- | | |

V. S. No. 1

ż

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 00376 |
|---|---|
| 1. PLACE OF DEATH | <u> </u> |
| County Charles | Registration Dist. No. 10-4 |
| Village or City Call Letons | NoSt.,Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Stur Von SE | lumaki |
| # N P # N N N N N N N N N N N N N N N N | St. Ward. |
| (a) Residence: No. (Usual place of abode) | St., " Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of | 22. 1 HEREBY CERTIFY, That I attended deceased from |
| / - 40 * 4 // | , 19, to, 19, 19 |
| 6. DATE OF BIRTH (month, day, and yeer) | I last saw h; death is said |
| 7. AGE Years Months Days If LESS than day, | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importence |
| Ormin. | were as follows: |
| 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | leader - |
| 9. Industry or business in which | |
| work was done, es SILK MILL, SAW MILL, BANK, etc | |
| 10. Date deceased last worked et this occupation (month and year) year) | |
| 20-1 | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| 13. NAME Brun B. Schumenki | |
| | Name of according |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME CAMBLE IN Shurker | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town). | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT Agathy & Schymisti (Address) | Where did injury occur? |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place | Nature of injury |
| 19. UNDERTAKER AT A SAME ALL MANAGEMENT (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 1 3 - , 193 4 91 R - // Registrar. | (Signed) M. D. (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | H | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arterioselerosis RECEIVED | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitud nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhuge FEB 5 1934 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, TH UNFADING INK-THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| A) | Registration Dist. No. 108 |
| Village or City My Mo. 2FULL NAME Learn Toxon | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word) | 16 DATE OF DEATH , 1934 , 1934 , (Month) 3c, (Day) , (Year) |
| Month) (Day) (Year) | that last saw h last s |
| 7 AGE If LESS than 1 dayhrs. | and that death occurred on the date stated above, at |
| yrsds. ormin.? a occupation (a) Trade, profession or particular kind of work | Lohor Puemeronia. |
| (b) General nature of industry business, or establishment in which employed or (employer) | Contributor Classes Contributor Contributor Classes Contributor Co |
| 10 NAME OF FATHER STHUTT Bullie | (Signed) 1926 (Address Gugher M. D. |
| OF FATHER (State or country) 12 MAIDEN NAME// | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Halace Huning 13 BIRTHPLACE OF MOTHER OF MOTHER | At place In the |
| (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | of death was disease ontracted if not at place of death when the place of death was disease of death with the place of death was a residence of death with the place of the pl |
| (Address) Autom ml | 19 PLACE OF BURIAL OR REMOVAL PORTE OF BURIAL POR H. 134 |
| Filed /3/3/192 Epa C feler Registrar | 20 Julia Braclown |
| If more bianks are needed, address State Registrar | ,16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

111.0777

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. -WRITE PLAINLY, WITH

| STATE C | F MAR | LAND- | CERTIF | ICATE | OF | DEATH |
|---------|-------|-------|--------|-------|----|-------|
|---------|-------|-------|--------|-------|----|-------|

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|----|---|---|---|----|---|---|
| 1 | h | 1 | 3 | 1 | 1 | N |
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| 1. PLACE OF DEATH | | No. | ,0.0 |
|---|--------------------------------------|--|-----------------|
| County Clarles | | Registration Dist. No. / O | 8 |
| County 11 11 11 11 11 11 11 11 11 11 11 11 11 | 10000 | | |
| Village or City Thyles | acc (If | NDSt.,St.,St.,St., | ward ward |
| Length of residence in city or fown where death | occurredyrs,mos | ds. How long in U.S. if of foreign birth?yrsm | osds. |
| 2. FULL NAME Soften. | Увенно | | |
| 11 21 | Promoter Test | St., Ward. | |
| (a) Residence: No. | (Usual place of abode) | St., Ward. If nonresident give city or town and | State |
| PERSONAL AND STATISTICA | L PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE S. | SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | , |
| Mala Pal | OR DIVORCED (write the word) | (Month) 2.5 (Day) | , 193 |
| 5a. If married, widowed, or divorced | vingee | (Month) (Day) | (Year) |
| HUSBAND of | 1 | 22. I HEREBY CERTIFY, That I attended | deceased from |
| (or) WIFE of the Release | en | San 22 , 1934, to Jun 25 | 1934 |
| 6. DATE OF BIRTH (month, day, and year) 1/2 | 5/1888 | Clast saw han alive on some 22 1937 | ; death is sald |
| 7. AGE Years Months | Days If LESS than | to have occurred on the date stered above, at 5 20 A.m. | |
| 166 0 | D l day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | , |
| - 1.8. Trada, profession, or particular | ormin. | were as follows: | Date of onset |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc. | Talmer | The state of the s | |
| 9: Industry or business in which | | | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | | | |
| O 10. Date deceased last worked at | 11. Total time (years) spent in this | | |
| this occupation (month and year) | occupation _/_O | | |
| | | Other Contributor Causes of importance: | 1 24 |
| 12. BIRTHPLACE (city or town) | s Tand | Jeanning valvelan | T. C. f |
| - Grant | o o o o o | J | |
| 13. NAME Stephen I de | man - | | - |
| 13. NAME 14. BIRTHPLACE (GHY or town) (State or solution) | · la - d. | Nama of operation Date of | |
| (State of country) | , mac | What test confirmed diagnosis? Was there an | autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city of town) | any | 23. If death was due to external causes (VIOLENCE) fill in also the following | : : |
| 16. BIRTHPLACE (city of town) | 4 | Accident, suicide, or homicide? Date of injury | , 19 |
| (State or country) | Wind | Where did injury occur? (Specify city or town, county and Sta | |
| 17. INFORMANT Slamby Fres | me | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL | ACE. |
| (Address) Thus | luserelle mes | | À |
| 18. BURIAL, CREMATION, OR REMOVAL | Am 27 | Manner of injury | |
| Placa Afranco Min | Date 1904 | Nature of injury | |
| 116 | | 24. Was diseasa or injury in any way related to occupation of deceased? | |
| 19. UNDERTAKER (Address) | rea mads | If so, specify | |
| 1 10 16 | 2011 | (Signed) If M Justin | M. D |
| 20. FILED 1/27 1934 Gran | Thopfaeless Registrar. | (Address) Almasco Wid. | |
| | | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

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| Example I | 6 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | Washieday | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|--|
| |
| |
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| |